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Jan 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J68968 (3)

1. Corporation Name  
ANDROGYNY MANAGEMENT CORP.

Principal Place of Business

161 MARY ESTER BLVD  
STE 3088  
MARY ESTER FL 32969

Mailing Address

1474-A W 84TH ST  
HIALEAH FL 33014-3363  
US

3. Date Incorporated or Qualified  
04/23/1987

3a. Date of Last Report  
03/11/1996

2. Principal Place of Business

21 1474-A W. 84 St.

Suite, Apt. #, etc.

22

City & State

23 Hialeah, FL.

Zip

24 33014

Country

25 USA

2a. Mailing Address

26 1474-A W. 84 St.

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2792611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

OSMAN, L. MICHAEL  
1474-A W 84 ST  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this statement and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
OSMAN, TY H.  
3900 SKYLINE DRIVE  
NASHVILLE, TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PSD  
OSMAN, L. MICHAEL  
1474-A W 84 ST  
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
OSMAN, CRAIG A.  
17035 N.W. 78 COURT  
HIALEAH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD  
FONT, MIGUEL A.  
9301 N.W. 11 COURT  
PEMBROKE PINES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VD  
Osman, Ty H.  
9129 Saddlebow Drive  
Brentwood, Tn. 37027

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0120659

CR2E034 (9/96)